

1  
2 A DECLARATORY RESOLUTION designating a  
3 "Residentially Distressed Area" under  
4 I.C. 6-1.1-12-1 for property commonly  
known as 120 Esmond Street.

5 WHEREAS, Petitioner has duly filed its petition  
6 dated September 17, 1991, to have the following described  
7 property designated and declared a "Residentially Distressed  
8 Area" under Division 6, Article II, Chapter 2 of the  
9 Municipal Code of the City of Fort Wayne, Indiana, of 1974,  
as amended, and I.C. 6-1.1-12.1, to wit:

10  
11 W 45 Lot 46 Bass 6th Addition  
12

13 said property more commonly known as 120 Esmond Street.  
14

15 WHEREAS, said project will be rehabilitated; and  
16

17 WHEREAS, the total estimated project cost is  
\$7,000.00; and

18 WHEREAS, it appears that said petition should be  
19 processed to final determination in accordance with the  
20 provisions of said Division 6.

21 NOW, THEREFORE, BE IT RESOLVED BY THE COMMON  
22 COUNCIL OF THE CITY OF FORT WAYNE, INDIANA:

23 SECTION 1. That, subject to the requirements of  
24 Section 6, below, the property hereinabove described as  
25 hereby designated and declared a "Residentially Distressed  
26 Area" under I.C. 6-1.1-21.1. Said designation shall begin  
27 upon the effective date of the Confirming Resolution  
28 referred to in Section 6 of this Resolution and shall  
29 continue for two (2) years thereafter. Said designation  
30 shall terminate at the end of that two year period.

31 SECTION 2. That upon adoption of the Resolution:

32 (a) Said Resolution shall be filed with the Allen

1 County Assessor;

2 (b) Said Resolution shall be referred to the Committee  
3 on Finance and shall also be referred to the  
4 Department of Economic Development Requesting a  
5 recommendation from said department concerning the  
6 advisability of designating the above designated  
7 area a "Residentially Distressed Area";  
8 (c) Common Council shall publish notice in accordance  
9 with I.C. 6-1.1-12.1-2.5 and I.C. 5-3-1 of the  
10 adoption and substance of this Resolution and  
11 setting this designation as a "Residentially  
12 Distressed Area" for public hearing;  
13 (d) If this Resolution involves an area that has  
14 already been designated an allocation area under  
15 I.C. 36-7-14-39, then the Resolution shall be  
16 referred to the Fort Wayne Redevelopment  
17 Commission and said designation as a  
18 "Residentially Distressed Area" shall not be  
19 finally approved unless said Commission adopts a  
20 resolution approving the petition.

21 SECTION 3. That, said designation of the  
22 hereinabove described property as a "Residentially  
23 Distressed Area" shall apply to a deduction of the assessed  
24 value of real estate improvements.

25 SECTION 4. The County Commissioners will transfer  
26 ownership of the property to Housing and Neighborhood  
27 Development Services, Inc. (HANDS). HANDS will then  
28 transfer ownership to Charles C. Vanyo who will then  
29 rehabilitate the property and rent it to low and moderate  
30 income tenants.

31 SECTION 5. The current year approximate tax rates  
32 for taxing units within the City would be:

33 (a) If the proposed project is not undertaken, the

1 approximate current year tax rates for this site would be  
2 \$7.595561/\$100.

3 (b) If the proposed project is undertaken and no  
4 deduction is granted, the approximate current year  
5 tax rate for the sit would be \$7.595561/\$100 (the  
6 change would be negligible).

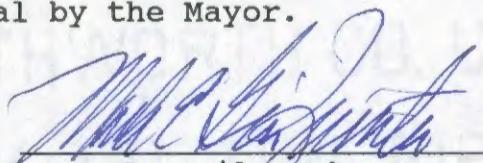
7 (c) If the proposed project is undertaken and a  
8 deduction of \$8,000 is assumed, the approximate  
9 current year tax rate for the site would be  
10 \$7.595561/\$100 (the change would be negligible).

11 SECTION 6. That this Resolution shall be subject  
12 to being confirmed, modified and confirmed or rescinded  
13 after public hearing and receipt by Common Council of the  
14 above described recommendations and resolution, if  
15 applicable.

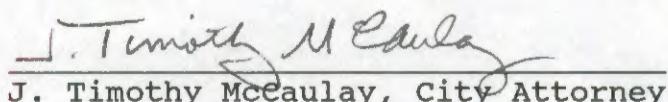
16 SECTION 7. Pursuant to I.C. 6-1.1012.1, it is  
17 hereby determined that the deduction from the assessed value  
18 of the new construction (or rehab) shall be for a period of  
19 5 years.

20 SECTION 8. The benefits described in the  
21 Petitioner's statement of benefits can be reasonably  
22 expected to result from the project and are sufficient to  
23 justify the applicable deductions.

24 SECTION 9. That this Resolution shall be in full  
25 force and effect from and after its passage and any and all  
26 necessary approval by the Mayor.

27   
28 Council member

29 APPROVED AS TO FORM  
30 AND LEGALITY

31   
32 J. Timothy McCaulay, City Attorney

Read the first time in full and on motion by  
 seconded by \_\_\_\_\_, and duly adopted, read the second time  
 title and referred to the Committee on \_\_\_\_\_ (and the  
 City Plan Commission for recommendation) and Public Hearing to be held after  
 due legal notice, at the Council Conference Room 128, City-County Building,  
 Fort Wayne, Indiana, on \_\_\_\_\_, the \_\_\_\_\_, 19\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ A.M., E.S.T.

DATED: \_\_\_\_\_

SANDRA E. KENNEDY, CITY CLERK

Read the third time in full and on motion by Henry GiaQuinta  
 seconded by Henry Long, and duly adopted, placed on its  
 passage. PASSED 10-8-91 by the following vote:

	AYES	NAYS	ABSTAINED	ABSENT
<u>TOTAL VOTES</u>	<u>9</u>			
<u>BRADEBURY</u>	<u>✓</u>			
<u>BURNS</u>	<u>✓</u>			
<u>EDMONDS</u>	<u>✓</u>			
<u>GiaQUINTA</u>	<u>✓</u>			
<u>HENRY</u>	<u>✓</u>			
<u>LONG</u>	<u>✓</u>			
<u>REDD</u>	<u>✓</u>			
<u>SCHMIDT</u>	<u>✓</u>			
<u>TALARICO</u>	<u>✓</u>			

DATED: 10-8-91

SANDRA E. KENNEDY, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne,  
 Indiana, as (ANNEXATION) (APPROPRIATION) (GENERAL)  
 (SPECIAL) (ZONING MAP) ORDINANCE RESOLUTION NO. Q-55-91  
 on the 8th day of October, 1991,

Sandra E. Kennedy ATTEST  
 SANDRA E. KENNEDY, CITY CLERK

SEAL  
Samuel J. Talarico  
 PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on  
 the 9th day of October, 1991,  
 at the hour of 2:00 o'clock P.M., E.S.T.

Sandra E. Kennedy  
 SANDRA E. KENNEDY, CITY CLERK

Approved and signed by me this 18th day of October,  
 1991, at the hour of 4:30 o'clock P.M., E.S.T.

Paul Helmke  
 PAUL HELMKE, MAYOR



## STATEMENT OF BENEFITS

State Form 27167 (7-87)

Form SB-1 is prescribed by the State Board of Tax Commissioners (1987)

Confidential Statement: The records in this series are CONFIDENTIAL according to Indiana Code 6-1.1-35-9.

STATE BOARD OF TAX COMMISSIONERS

### INSTRUCTIONS: (I.C. 6-1.1-12.1) THIS PAGE TO BE COMPLETED BY APPLICANT

1. This statement must be submitted to the body designating the economic revitalization area BEFORE a person acquires new manufacturing equipment or begins the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. Effective July 1, 1987.
2. If a person is requesting the designation of an economic revitalization area, this form must be submitted at the same time the request is submitted.
3. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained before a deduction may be approved.
4. To obtain a deduction Form 322 ERA, Real Estate Improvements and / or Form 322 ERA / PP, New Machinery, must be filed with the county auditor. With respect to real property, Form 322 ERA must be filed by the later of (1) May 10 or (2) thirty(30) days after a notice of increase in real property assessment is received from the township assessor. Form 322 ERA / PP must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment is installed, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and June 14 of that year.

Name of Designating Body	Charles C. Van Yo	County	Allen
Name of Taxpayer	Charles C. Van Yo		
Address of Taxpayer (Street, city, county)	2825 S. Lafayette	ZIP Code	46806

### SECTION I: LOCATION, COST AND DESCRIPTION OF PROPOSED PROJECT

Location of property if different from above	120 EDMOND ST., Ft. Wayne, IN 46806	Taxing District	Wayne
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Cost and description of real property improvements and / or new manufacturing equipment to be acquired:

7,000.00 wiring, plumbing, painting, interior walls,  
basement supporting wall between crawlspace & basement  
approx 23 feet

(Attach additional sheets if needed)	Estimated Starting Date	Estimated Completion Date
	Aug 1, 91	Nov 1, 91

### SECTION II: ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current Number	Salaries	Number Retained	Salaries	Number Additional	Salaries
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Self employed using contract labor as required

### SECTION III: ESTIMATE TOTAL COST AND VALUE OF PROPOSED PROJECT

Current Values	REAL ESTATE IMPROVEMENTS		MACHINERY	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Plus estimated values of proposed project				
Less: Values of any property being replaced				
Net estimated values upon completion of project				

### SECTION IV: OTHER INFORMATION REQUIRED BY THE DESIGNATING BODY

I hereby certify that the representations on this statement are true.	Signatures of Authorized Representative		
Title	Date of Signature	Telephone Number	
Owner	7/12/91	745-1444	

**FOR USE OF DESIGNATING BODY**  
**IMPACT ON THE CURRENT YEAR TAX RATE FOR THE TAXING DISTRICT INDICATED ABOVE**

Tax Rates Determined Using The Following Assumptions	Total Tax Rates
1. Current total tax rate.	\$
2. Approximate tax rate if project occurs and no deduction is granted.	\$
3. Approximate tax rate if project occurs and a deduction is assumed.	\$

Assume an 80% deduction on new machinery installed and / or a 50% deduction assumed on real estate improvements.

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2:

A) The designated area has been limited to a period of time not to exceed \_\_\_\_\_ calendar years. (See Below)

B) The type of deduction that is allowed in the designated area is limited to:

1) Redevelopment or rehabilitation of real estate improvements.  Yes  No

2) Installation of new manufacturing equipment  Yes  No

3) No limitations on type of deduction (check if no limitations)  No

C) The amount of deduction applicable for new manufacturing equipment installed and first claimed eligible for deduction after July 1, 1987, is limited to \$ \_\_\_\_\_ cost with an \$ \_\_\_\_\_ assessed value.

Also we have reviewed the information contained in the statement of benefits including the impact on the tax rate incorporated herein, and have determined that the benefits described above can be reasonably expected to result from the project and are sufficient to justify the applicable deduction.

Approved: Signature of Authorized Member and Title

Date of Signature

Attested By:

Designated Body

70-8-91

**NEW MANUFACTURING EQUIPMENT**

**REDEVELOPMENT OR REHABILITATION OF REAL PROPERTY IMPROVEMENT**

*For Deductions Allowed Over A Period Of:*

Year of Deduction	Percentage	Year of Deduction	Three (3) Year Percentage	Six (6) Year Percentage	Ten (10) Year Percentage
1st	100%	1st	100%	100%	100%
2nd	95%	2nd	66%	85%	95%
3rd	80%	3rd	33%	68%	80%
4th	65%	4th		50%	65%
5th	50%	5th		34%	50%
6th and thereafter	0%	6th		17%	40%
		7th			30%
		8th			20%
		9th			10%
		10th			5%

SUMMARY SHEET AND H.A.N.D.S.,  
RECOMMENDATION FOR "RESIDENTIALLY DISTRESSED AREA" IN  
THE CITY OF FORT WAYNE, INDIANA

Name of Applicant Charles C. Vanyo  
Site Location: 120 Esmond Street  
Councilmanic District: 1 Current Zoning: R-2  
Nature of Project: Tax abatement request/Designation of "Residentially  
Distressed Area"

Project is located in the following:

	YES	NO
South Central Revitalization Project Area	<u>X</u>	_____
Project Renew Area	_____	<u>X</u>
City of Fort Wayne Community Development Area	<u>X</u>	_____
Flood Plain	_____	<u>X</u>
Urban Enterprise Zone	_____	<u>X</u>

Description of Project:

House is owned by County Commissioners. Through the Tax Reversion process  
title will be transferred to individual who will rehabilitate the property  
then rent it to low and moderate income families.

Estimated Project Cost: \$ 7,000.00 # of Housing Units: 1

STAFF RECOMMENDATION

As stated per the established policy of the Department of Housing  
and Neighborhood Development Services, the following  
recommendations are hereby made:

1. Designation as a "Residentially Distressed Area" should  
be granted. Yes X No \_\_\_\_\_
2. Designation should be limited to a term of  
2 year(s).
3. The period of deduction should be limited to  
5 year(s).

COMMENTS:

None.

Staff:

Barbara Jones  
9/24/91

Date:

Director:

Les Carroll  
9/24/91

Date:

APPLICATION TO THE CITY OF FORT WAYNE, INDIANA  
FOR DESIGNATION OF PROPERTY AS A  
"RESIDENTIALLY DISTRESSED AREA"  
AND STATEMENT OF BENEFITS

A. GENERAL INFORMATION

Applicant's Name: Charles C. Vanyo

Contact Person (if applicable): \_\_\_\_\_

Mailing Address: 2826 S. LaSalle  
St. Wayne, In 46806

Phone Number: 745-1444

Street Address of Property Proposed to be Designated:

120 ESMOND

Real Estate Key Number of Property:

93-2113-0046

B. PROPERTY INFORMATION

Current owner of the property:

County Commissioners

If the current owner is not a unit of local government, has the property been through the county tax sale and not yet been redeemed? Explain:

was offered by HANS and purchased by  
Charles Vanyo from HANS.

Are there buildings currently on the property? yes

If so, what type (residential/commercial, # of units, etc.)?

2 story residential

What is the condition of the building/s?

Fair

Are any buildings on the property legally occupied? No

Are any buildings on the property subject to an Order to Repair or Demolish or other action by the Department of Neighborhood Code Enforcement? On 12-18-90 Order No. 90-49539 by Dept of Neighborhood Code Enforcement was notice of non-compliance and in violation of 13-231, 12-049, 13-070 and 15-130

C. PROJECT SUMMARY INFORMATION

Will this project include:

New construction \_\_\_\_\_

Rehabilitation X

How many dwelling units will be built/rehabilitated? 1

Will these units be:

Single family 1

Two-family \_\_\_\_\_

Three-family \_\_\_\_\_

Four-family \_\_\_\_\_

Over four units per dwelling? \_\_\_\_\_

For owner-occupancy? \_\_\_\_\_

For rental? 1

What is the estimated total cost of the project? 7,000.00

What is the estimated cost per unit? \_\_\_\_\_

What is the estimated sale price per unit (if for owner-occupancy)? \_\_\_\_\_

What is the estimated rent per unit (if for rental)? \_\_\_\_\_

250 to 300 per month

What other types of assistance will be provided to owners or renters (such as down payment assistance, Section 8 subsidies, etc.)?

Would be placed on Section 8

	YES	NO
Is the project site solely within the city limits of Fort Wayne?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the project site within the floodplain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will the project require public improvements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sewer lines (not sewer hook-ups)	<input type="checkbox"/>	
Water lines (not water hook-ups)	<input type="checkbox"/>	
Road improvements (on right-of-way)	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

D. ZONING INFORMATION

What is the existing zoning classification of the project site? Residential

What zoning classification does the project require? None

E. REAL ESTATE TAX INFORMATION

What is the current assessed value of the real estate?

Land \$ 470

Improvements \$ 2830

Total \$ 3300

In what township is the project site located? Wayne

#### F. UNDESIRABILITY OF NORMAL DEVELOPMENT

What evidence can be provided that the property on which the project will be located "has become undesirable for, or impossible of, normal development and occupancy because of a lack of development, cessation of growth, deterioration of improvements or character of occupancy, age, obsolescence, substandard buildings, or other factors which have impaired values or prevent a normal development of property or use of property"?

I hereby certify that the information and representation on this application and attached exhibits are true and complete. Further, it is hereby certified that no building permit has been issued for construction of improvements as of the date of filing of this application.

Signature of Applicant

7-12-91

Attachments: Form SB-1  
Form 322 ERA



# APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF STRUCTURES IN ECONOMIC REVITALIZATION AREAS

State Form 18379 (R/1-88)

**INSTRUCTIONS:** 1. This form is to be filed in person or by mail with the Auditor of the county in which the property is located before May 10 of the year in which addition to assessed valuation (or new assessment) is made, or not later than 130 days after mailing date of notice of assessment (Form 11) if such notice is not given before April 10 of that year.

2. Copy of Form 11 must be attached.

3. A property owner may not receive this deduction for the same repairs or improvements for which a deduction is obtained under either I.C. 6-1.1-12-18 or I.C. 6-1.1-12-22.

4. A copy of the statement of benefits or a benefit performance waiver must be attached to this application.

5. Taxpayer completes Sections I, II and III below.

**QUALIFICATIONS:** This property tax deduction is only available for property within an area which the Metropolitan Development Commission, Common or City Council, Town Board or County Council designated as an economic revitalization area (ERA) (I.C. 6-1.1-12-1-2). Effective July 1, 1987 for applications filed after December 31, 1987 an applicant who wishes to claim a deduction or request designation of an ERA area must file a statement of benefits (State Form 27167) to the appropriate designating body. At the time of filing for the designation of an ERA, a taxpayer must file the statement of benefits. A taxpayer who does not apply for the designation of an ERA must file the statement of benefits before beginning the redevelopment or rehabilitation for which this application is made. Except for deductions related to redevelopment or rehabilitation initiated before December 31, 1987, in ERA's designated before that date, a deduction for redevelopment or rehabilitation is not authorized for the following facilities:

- (1) Private or commercial golf course
- (2) Country club
- (3) Massage parlor
- (4) Tennis court
- (5) Skating facility including roller skating, skateboarding, or ice skating.
- (6) Racquet sport facility (including handball or racquet ball court)
- (7) Hot tub facility

(8) Suntan facility

(9) Racetrack

(10) Any facility the primary purpose of which is (a) Retail food and beverage service; (b) Automobile sales or service; or (c) other retail; (unless the facility is located in an economic development target area established under I.C. 6-1.1-12-1-7.)

(11) Residential, unless the facility is a multi-family facility that contains at least 20% of the units available for use by low and moderate income individuals or unless the facility is located in an economic development target area established under I.C. 6-1.1-12-1-7.

## I DESCRIPTION OF PROPERTY

The owner hereby applies to the County Auditor for a deduction pursuant to I.C. 6-1.1-12-1-5 beginning with the assessment date March 1, 19\_\_\_\_\_.

County <i>Allen</i>	Township <i>Wayne</i>	Taxing District	Key Number <i>93-2113-0046</i>
Name of Owner <i>Charles C. VANDO</i>			
Owner Address (Street, number, city, state and ZIP code) <i>120 Esmond St., Ft. Wayne, In 46806</i>			
Legal Description from Form 11 <i>W 45 Lot 46 BASS 6th ADD.</i>	Date of Form 11		
Type of Structure <i>Residential 1.5 Story 967 Sq. Ft 3 B.R. Total 7 rooms</i>	Use of Structure <i>residential</i>		
Verifying body that approved ERA designation	Resolution Number		
Is ERA designation approved (must be before March 1). <i>Yes</i>	Benefit performance waiver was issued: <input type="checkbox"/> Yes <input type="checkbox"/> No		

II VERIFICATION OF OWNER OR REPRESENTATIVE <i>Charles C. VANDO</i> Nature of Owner or Representative (I hereby certify that the representations on this application are true.)		Date of Signature <i>7/12/91</i>
Address (Street, number, city and state) <i>2826 S Lafayette Ft. Wayne, In</i>		ZIP Code <i>46806</i>

III STRUCTURES		
Rehabilitation Structure		AUDITOR'S USE
Assessed valuation AFTER rehabilitation	\$	
Assessed valuation BEFORE rehabilitation	\$	
CREASE in assessed valuation	\$	
Assessed valuation eligible for deduction	\$	
Structure 1. Assessed valuation	\$	
2. Assessed valuation eligible for deduction	\$	

IV VERIFICATION OF TOWNSHIP (OR TRUSTEE) ASSESSOR I certify that the above described structure was assessed and the owner was notified		
with the effective date of the assessment being March 1, 19_____		and that the assessed valuation in Sec. III are correct.
Signature of Township (or Trustee) Assessor	Township	Date

## V PERCENTAGES AND AMOUNTS

YEAR OF DEDUCTION / PERCENTAGE / AMOUNT OF DEDUCTION				YEAR OF DEDUCTION / PERCENTAGE / AMOUNT OF DEDUCTION			
(1) For deductions allowed over a three (3) year period:				(2) For deductions allowed over a ten (10) year period:			
1st	pay	100%	\$ _____	1st	pay	100%	\$ _____
2nd	pay	66%	\$ _____	2nd	pay	95%	\$ _____
3rd	pay	33%	\$ _____	3rd	pay	80%	\$ _____
(2) For deduction allowed over a six (6) year period:				4th	pay	65%	\$ _____
1st	pay	100%	\$ _____	5th	pay	50%	\$ _____
2nd	pay	85%	\$ _____	6th	pay	40%	\$ _____
3rd	pay	66%	\$ _____	7th	pay	30%	\$ _____
4th	pay	50%	\$ _____	8th	pay	20%	\$ _____
5th	pay	34%	\$ _____	9th	pay	10%	\$ _____
6th	pay	17%	\$ _____	10th	pay	5%	\$ _____

## VI APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)

This application is approved in the amounts shown in Section V above.

Signature of County Auditor

Date



# MEMORANDUM

TO: City Council Members

FROM: Barbara L. Jones, Administrator, H.A.N.D.S., Inc.

SUBJECT: Tax Abatement Application

DATE: October 1, 1991

*ABG/13*

### Background

This house is owned by the County Commissioners. Through the Tax Reversion process, title will be transferred to Charles C. Vanyo. Mr. Vanyo has demonstrated the financial capability to correct all substandard conditions in the property. The house will be rehabilitated and rented to low-moderate income families. Tax abatement will decrease annual operating costs and consequently, the owners will be able to keep the rent affordable to low and moderate income families.

### Reviewing alternatives

If the tax abatement is not granted, some low and moderate income tenants will be unable to afford the rents after rehabilitation.

### Recommendation

Staff recommends declaration and confirmation of the site located at 120 Esmond Street as a Residentially Distressed Area to allow tax abatement.

ys

Admn. Appr. \_\_\_\_\_

DIGEST SHEET

**TITLE OF ORDINANCE** Designation of "Residentially Distressed Area"  
Tax abatement for property located at 120 Esmond Street.

**DEPARTMENT REQUESTING ORDINANCE** Housing and Neighborhood Development  
Services, Inc.

**SYNOPSIS OF ORDINANCE** This house is owned by the County Commissioners.

Through the tax reversion process, title will be transferred to an individual  
who will rehabilitate the property and rent to low and moderate income tenants.

If the location is designated a "Residentially Distressed Area" the property  
may be eligible for tax abatement thereby decreasing annual operating costs  
and consequently, keeping the rents affordable to low and moderate income  
families.

Q-91-10-08

**EFFECT OF PASSAGE** The prospective owner intends to rehabilitate the property.  
Tax abatement will decrease the annual operating costs and consequently the owner  
will be able to keep the rent affordable to low and moderate income families.

**EFFECT OF NON-PASSAGE** Some low and moderate income tenants will be unable  
to afford the rents after rehabilitation.

**MONEY INVOLVED (Direct Cost, Expenditures, Savings)** \_\_\_\_\_

**ASSIGNED TO COMMITTEE (PRESIDENT)** \_\_\_\_\_

BILL NO. R-91-10-08

## REPORT OF THE COMMITTEE ON FINANCE

MARK E. GIAQUINTA, CHAIRMAN  
DONALD J. SCHMIDT, VICE CHAIRMAN  
BRADBURY, REDD, BURNS

WE, YOUR COMMITTEE ON FINANCE TO WHOM WAS

REFERRED AN (REDOXXANCE) (RESOLUTION) designating a  
"Residentially Distressed Area" under I.C. 6-1.1-12-1 for  
property commonly known as 120 Esmond Street

HAVE HAD SAID (ORDINANCE) (RESOLUTION) UNDER CONSIDERATION  
AND BEG LEAVE TO REPORT BACK TO THE COMMON COUNCIL THAT SAID  
(ORDINANCE) (RESOLUTION) \_\_\_\_\_

Marie Rose \_\_\_\_\_  
M Bradbury \_\_\_\_\_  
and Sons \_\_\_\_\_  
Edison \_\_\_\_\_

DATED: 10-8-91.

Sandra E. Kennedy  
City Clerk